



234777 TFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/821,565 Confirmation No.: 5876
Applicant : Mark M. Ishikawa
Filing Date : 03/29/2001
Title : SYSTEM, METHOD AND APPARATUS FOR DETECTING, IDENTIFYING AND RESPONDING TO FRAUDULENT REQUESTS ON A NETWORK
Group Art Unit : 2134
Examiner : Tongoc Tran
Docket No. : 16057.4003
Customer No. : 34313

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated May 20, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input checked="" type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
	Fee	\$510.00

11/25/2005 HDESTA1 00000036 150665 09821565

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CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: November 21, 2005

DOCSOC1:169623.1

Karen Johnson

Karen Johnson

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If an additional extension of time is required, please consider this a petition therefor.

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 510.00

- A. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
 Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
- B. Payment Enclosed
 Check Credit Card Money Order Other

Total Claims	39	-	39	=	0	x	\$50.00	\$0.00
Independent Claims	5	-	11	=	0	x	\$200.00	\$0.00
Application Size Fee <small>(\$250 for each additional 50 sheets or fraction thereof)</small>	23	-	100	=	0	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>				\$0.00	
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>				\$0.00	
TOTAL OF ABOVE CALCULATIONS								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								\$0.00
<input checked="" type="checkbox"/>								
Extension of Time (from above)								\$510.00
Assignment -- \$40 (if applicable) <input type="checkbox"/>								\$0.00
TOTAL FEES SUBMITTED HEREWITH								\$510.00

Respectfully submitted,

Dated: November 21, 2005

By: Davin M. Stockwell
Davin M. Stockwell
Reg. No. 41,334

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